| Effective October 1, 2000 8 1 2 0 01 8 498 43 | | | | | | | | | | | | 3 |
|---|--|---|-----------------|------------------------------|---------------------------------|---|---------|---------------------|------------------------|---------|---------------------|---|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | | πην / ⊐ | OR | OTHER SMALL | |
| TOTAL CLAIMS | | | 34 | | | | | RATE - | FEE - | | RATE | FEE |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | E | ASIC FEE | 355.00 | OR | BASIC FEE | 710.00 |
| TOTAL CHARGEABLE CLAIMS | | | 34 minus 20= | | • 4 | | | X\$ 9= | | OR | X\$18= | 252.0 |
| INDEPENDENT CLAIMS | | | / minus 3 = | | Q . | | | X40= | | OR | X80= | |
| MUL | TIPLE DEPEN | DENT CLAIM PR | RESENT | | | | | +135= | | OR | +270= | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | Ĺ | TOTAL | | | TOTAL | 9620 |
| CLAIMS AS AMENDED - PART II | | | | | | | | | | | THAN | |
| 3 | 29-05 | (Column 1) | | (Colu | mn 2) | (Column 3) | | SMALL E | | OR | SMALL | |
| AMENDMENT A. | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVI PAID | | PRESENT EXTRA | | | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| DME | Total | . (33 | Minus | -3 | 4 | = - | | X\$ 9= | | OR | X\$18= . | |
| MEN | Independent | • / | Minus | *** | 3. | = | | X40= ; | 24.8 | OR | X80= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +135= | | OR | .+270= . | |
| | | | | | | | | TOTAL | e in expense. | OR | / TOTAL | 1,000 |
| | | | | | | | | DDIT FEE | | | ADDIT. FEE | 15 16 16 18 18 18 18 18 18 18 18 18 18 18 18 18 |
| | | (Column 1) CLAIMS | | | imn 2) Hest | (Column 3 | ٦. | | ADDI- | | Street Street | ADDI- |
| AMENDMENT B | | REMAINING AFTER AMENDMENT | | 'NUI PREV | MBER NOUSLY FOR | PRESENT EXTRA | | RATE | TIONAL FEE | | RATE | TIONAL- FEE |
| | Total | • | Minus | •• | | = | | X\$ 9= | | OR | X\$18= | 100 |
| | Independent | • | Minus | ••• | | <u> - </u> | 4 [| X40 = - | 1777 J-319 | OR | _X80= | |
| L | FIRST PRESE | NTATION OF M | ULTIPLE DE | PENDEN | II CLAIM | | ا ب | +135= | | OR | +270= | |
| | | . • | | | | | | TOTAL ADDIT, FEE | | OR | TOTAL ADDIT. FEE | |
| | | (Column 1) | | (Coli | umn 2) | (Column 3 | | | | | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIG NU PREV | HEST MBER NOUSLY D FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • | Minus | | | = | | X\$ 9= | The Way | OR | , X\$18= | |
| | Independent | • | Minus | ••• | | 1- | | X40= | | ОЯ | V00 | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +135= | | OR | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | OR | TOTA | |
| | If the "Highest No | umber Previously | Paid For IN TI | HIS SPACE | E (8 1083 T) F io loss # | ian 20, enter 7 ian 3. enter *3. | | ADDIT. FEE | <u> </u> | • | ADDIT FE | |
| | The "Highest Nu | mber Previously P | aid For" (Total | or indepe | ndent) is t | he highest num | nber fo | und in the ap | opropriate b | ex in c | XULTIN 1. | |

plication or Docket Number